

4/900 1.375

Page 1

C'sink .188" holes as per dwg D3689

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



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**NOTE:** Date & initial all entries

**Work Order ID 81731****\*81731\***

Page 4

March-16-12 3:16:44 PM

Item ID: D3689-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: SLEEVE

Start Date: 16/03/2012 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 23/04/2012 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

**\*190\***

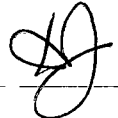
QC

Memo

0.00

Quality Control

13/4/3



N B-04-4

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



# Picklist Print

March-16-12 3:16:48 PM

Page 1

Work Order ID: 81731

\*81731\*

Parent Item: D3689-1

\*D3689-1\*

Parent Item Name: SLEEVE

Start Date: 16/03/2012

Required Date: 23/04/2012

Start Qty: 30.00

Required Qty: 30.00

## Comments:

IPP Rev:A New Issue 08-02-11 JLM Verified By:EC  
 IPP Rev:B Material Change 09-01-07 JLM Verified By:EC  
 IPP Rev:C Add note on material cutting JLM Verified By:JM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M174PH-H900R1.375

Purchased

No

100

f

12.7507

0.5

15.78947

**\*M174PH-H900R1 375\***

17-4 SS H900 ROUND BAR 1.375

\*\*

13-3-12

D45-  
13-3-12  
89

Location

Loc Qty

Loc Code

MAT030

12.7507

111123

12.7507

311

123446

15 PH

13-4-4

W/O:		WORK ORDER CHANGES					
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**NOTE:** Date & initial all entries

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	81731
<b>Description:</b> Sleeve		<b>Part Number:</b>	D3689-1
<b>Inspection Dwg:</b> D3689 <b>Rev:</b> B		<b>Page 1 of 1</b>	

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article      ☐ Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
1.90	+/-0.030	1.90	/		SA-4	Ver
Ø0.768	+/-0.010	Ø.768	/			
Ø0.063	+0.005/-0.001	.062	/			
R0.06	+/-0.030	R.031	/			
3/4-16UNF-2B	N/A		/		AT	
0.035 x 45°	+/-0.010 x 0.5°	.035 x 45°	/			
1.5	+/-0.030	1.5	/			
1.35	+/-0.030	1.355	/			
Ø0.188	+0.005/-0.001	.188	/			
60°	0.5°	60°	/			
Ø0.250	+/-0.010	Ø.250	/			
Ø1.075	+0.000/-0.015	1.070	/			
1.13	+/-0.030	1.131	/			
4.00	+/-0.030	4.009	/			

<b>Measured by:</b>	DAS 13	DAS 04	<b>Audited by:</b>	DAS 14	<b>Prototype Approval:</b>	N/A
<b>Date:</b>	13-3-12		<b>Date:</b>	13/03/31	<b>Date:</b>	N/A

Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ	

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## LIQUID PENETRANT TEST REPORT

P- 12156

CLIENT	<u>Dart Aerospace</u>	DATE	<u>April 2 2012</u>	PAGE	<u>1</u> OF <u>1</u>
ATTENTION	<u>Charlene Linder, Andy</u>	ACUREN Job No.	<u>188-13-C0233</u>	TIME	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
ADDRESS	<u>1270 Aberdeen St</u>	PO/VO No.			
	<u>Hawkesbury, on</u>	WORK LOCATION	<u>As Address</u>		
PROJECT	<u>Pt - Wet Fluorescent Liquid Penetrant Inspection</u>	ACCEPTANCE STD.	<u>ASTM 1417/2008</u>	REV./DATE	<u>2009</u>
ITEM(S) EXAMINED	<u>- See Below</u>				

JOB DESCRIPTION	PROCEDURE No. LT- <u>002</u> REV./DATE <u>2009</u>	TECHNIQUE No. LT- <u>002</u> REV./DATE <u>2009</u>
PART No.	MATERIAL <u>Aluminium 6061</u>	THICKNESS <u>N/A</u>
SCOPE	<u>Performed a wet Fbo L.P.I on 100% of the external surface on Items mentioned Below.</u>	

TEST DETAILS	
METHOD <input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH <input type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND <u>Magnaflux</u>	BLACK LIGHT S/N <u>13790</u> <input type="checkbox"/> OUTPUT > 1000 $\mu$ W/cm <sup>2</sup> <input type="checkbox"/> AMBIENT < 2 fc
PENETRANT <u>22-67</u> MINIMUM DWELL TIME <u>45</u> MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER <u>H<sub>2</sub>O</u> MINIMUM DRY TIME <u>&gt;10</u> MIN.	OTHER
DEVELOPER <u>SKD-52</u> MINIMUM DWELL TIME <u>30</u> MIN.	LIGHT METER S/N <u>1092866</u> CAL DUE DATE <u>Oct 2013</u>
DEVELOPER TYPE <input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY	

TEST SURFACE	
SURFACE CONDITION <input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input checked="" type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input checked="" type="checkbox"/> CLEAN BARE METAL	
SURFACE TEMPERATURE <input type="checkbox"/> < -4°C/ 20°F <input type="checkbox"/> -4°C/ 20°F TO 10°C/50°F <input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F <input type="checkbox"/> > 52°C/125°F	

RESULTS- ( <input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL )			
ITEM	COMMENTS	ACCEPT	REJECT
1	<u>Cross tube Mid Fuel, Blue, w.o ID 96873</u>	<input checked="" type="checkbox"/>	
2	<u>Cross tube Mid Fuel Blue, w.o ID 96874</u>	<input checked="" type="checkbox"/>	
3	<u>Cross tube Mid Fuel Blue, w.o ID 98132</u>	<input checked="" type="checkbox"/>	
4	<u>Cross tube Mid Fuel Blue, w.o ID 98133</u>	<input checked="" type="checkbox"/>	
5	<u>30x Sleeve, w.o ID 81731</u>	<input checked="" type="checkbox"/>	
6	<u>10x Sleeve, w.o ID 87209</u>	<input checked="" type="checkbox"/>	
7	<u>10x Sleeve, w.o ID 98784</u>	<input checked="" type="checkbox"/>	
<u>No Relevant Indications was detected As per applicable standard at the time of Inspection.</u>			

Scope of Services  
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacturing, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care  
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES		
CLIENT REPRESENTATIVE	<u>Andy Sheldon</u> PRINT	<u>ASheldon</u> SIGNATURE
TECHNICIAN (SIGNATURE):	<u>Alexandre McMillan</u>	
NAME (PRINT):	<u>Alexandre McMillan</u> 1 <sup>st</sup> TECHNICIAN	
CGSB LEVEL <u>2</u> SNT LEVEL <u>2</u>	CGSB LEVEL <u>2</u> SNT LEVEL <u>2</u>	
CGSB REG. No <u>10140</u>	CGSB REG. No <u>10140</u>	
		DTR # <u>E-12039X</u>
		REPORT REVIEWED BY:
		NAME INITIALS

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CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY